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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>09814243 | <b>Applicant(s)/Patent Under Reexamination</b><br>LOUIE ET AL. |
|   | <b>Examiner</b><br>OLABODE AKINTOLA        | <b>Art Unit</b><br>3691  |

| ORIGINAL                  |  |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|---------------------------|--|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS                     |  | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 705                       |  | 37       |  |  |  | G                            | D | B | Q | 40 / 02 (2006.01.01) |             |  |  |  |  |  |  |  |
| <b>CROSS REFERENCE(S)</b> |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| <b>CLASS</b>              | <b>SUBCLASS (ONE SUBCLASS PER BLOCK)</b> |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 705                       | 38                                       |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 705                       | 36R                                      |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 709                       | 229                                      |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                           |  |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> <b>Claims renumbered in the same order as presented by applicant</b> <input type="checkbox"/> <b>CPA</b> <input type="checkbox"/> <b>T.D.</b> <input type="checkbox"/> <b>R.1.47</b> |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
|   | 1        |       | 17       |       | 33       |       | 49       |       | 65       |       |          |       |          |       |          |
|   | 2        |       | 18       |       | 34       |       | 50       |       | 66       |       |          |       |          |       |          |
|   | 3        |       | 19       |       | 35       |       | 51       |       |          |       |          |       |          |       |          |
|   | 4        |       | 20       |       | 36       |       | 52       |       |          |       |          |       |          |       |          |
|   | 5        |       | 21       |       | 37       |       | 53       |       |          |       |          |       |          |       |          |
|   | 6        |       | 22       |       | 38       |       | 54       |       |          |       |          |       |          |       |          |
|   | 7        |       | 23       |       | 39       |       | 55       |       |          |       |          |       |          |       |          |
|   | 8        |       | 24       |       | 40       |       | 56       |       |          |       |          |       |          |       |          |
|   | 9        |       | 25       |       | 41       |       | 57       |       |          |       |          |       |          |       |          |
|   | 10       |       | 26       |       | 42       |       | 58       |       |          |       |          |       |          |       |          |
|   | 11       |       | 27       |       | 43       |       | 59       |       |          |       |          |       |          |       |          |
|   | 12       |       | 28       |       | 44       |       | 60       |       |          |       |          |       |          |       |          |
|   | 13       |       | 29       |       | 45       |       | 61       |       |          |       |          |       |          |       |          |
|   | 14       |       | 30       |       | 46       |       | 62       |       |          |       |          |       |          |       |          |
|   | 15       |       | 31       |       | 47       |       | 63       |       |          |       |          |       |          |       |          |
|   | 16       |       | 32       |       | 48       |       | 64       |       |          |       |          |       |          |       |          |

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| /OLABODE AKINTOLA/<br>Examiner.Art Unit 3691<br><br>(Assistant Examiner)  | 5/1/2009<br><br>(Date)   | <b>Total Claims Allowed:</b><br><br>11 |                            |
| /Hani Kazimi/<br>Primary Examiner.Art Unit 3691<br><br>(Primary Examiner) | 06/21/2009<br><br>(Date) | O.G. Print Claim(s)<br><br>1           | O.G. Print Figure<br><br>5 |